CLAIMS ONLY

Application Number	Filing Date
10/501023	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					1	
2						1
3						1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						1
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26						1
27						1
28						1
29						1
30						1
31						1
32					1	
33					1	
34						1
35						1
36						1
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep					3	
Total Depend					33	
Total Claims					36	

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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100						
Total Indep						
Total Depend						
Total Claims						